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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/782,387
		Filing Date	February 18, 2004
		First Named Inventor	Rivera, J. Michael
		Art Unit	3722
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	022050-000100US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard; European Search Report; Information Disclosure Statement; Cited References AC-AE.
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
<input type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input checked="" type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Paul C. Haughey		
Date	10-6-05	Reg. No.	31,836

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Bruce L. Flanders	Date	10/6/05

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On 10/6/05

TOWNSEND and TOWNSEND and CREW LLP

By: Bill J. Shadley



PATENT
Attorney Docket No.: 022050-000100US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

J. Michael Rivera et al.

Application No.: 10/782,387

Filed: February 18, 2004

For: METHOD OF ATTACHING
HOLOGRAM FILMS TO PRINTED
MATTER

Examiner:

Art Unit: 3722

**INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

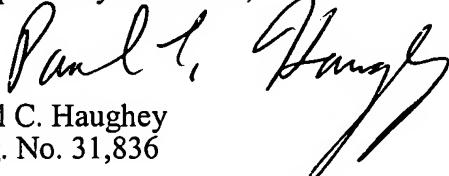
The references cited on attached form PTO/SB/08A-B are being called to the attention of the Examiner. Copies of references AC-AE in compliance with the requirements of 1287 OG 163 are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Also enclosed is a copy of the Search/Examination report corresponding to the European application.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,


Paul C. Haughey
Reg. No. 31,836

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Substitute for form 1449B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT					
(use as many sheets as necessary)					
Sheet	1	of	1		
				Application Number	10/782,387
				Filing Date	February 18, 2004
				First Named Inventor	Rivera, J. Michael
				Art Unit	3722
				Examiner Name	
				Attorney Docket Number	022050-000100US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Number	Kind Code ² (if known)		
	AA	US-5,223,357		06-29-1993	Lovison et al.
	AB	US-6,544,369		04-08-2003	Yoshinori et al.

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Country Code ³	Number ⁴		
	AC	WO	02/093474	A1	11-21-2002
	AD	WO	03/082598	A2	10-09-2003
	AE	JP	07299955	A	11-14-1995

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²

Examiner Signature	Date Considered
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.